

Attachment A

Revised 07/1/06

2006-2007 FINAL MH/DD/SA CPT Service Rates for Specialty 113

Procedure Code	CPT Code Description	Unit	RATE FOR SERVICE		EFFECTIVE DATE
			Facility	Non-Facility	
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	per event	\$ 16.62	\$ 16.62	1/1/2006
92506	Speech Evaluation	per event	\$ 117.77	\$ 44.90	7/1/2006
92507	Speech Therapy	per event	\$ 56.20	\$ 56.20	7/1/2006
92508	Speech Therapy Group	per event	\$ 26.48	\$ 13.57	7/1/2006
97001	Physical Therapy Eval	per event	\$ 67.99	\$ 59.26	7/1/2006
97002	Physical Therapy Re-eval	per event	\$ 35.92	\$ 29.68	7/1/2006
97003	Occupational Therapy Eval	per event	\$ 72.28	\$ 57.83	7/1/2006
97004	Occupational Therapy Re-eval	per event	\$ 41.53	\$ 28.36	7/1/2006
97110	Physical Therapy	per 15 mins	\$ 25.61	\$ 25.61	7/1/2006
97112	Physical Therapy	per 15 mins	\$ 26.31	\$ 26.31	7/1/2006
97113	Physical Therapy aquatic w/exercise	per 15 mins	\$ 28.99	\$ 28.99	7/1/2006
97116	Gait Training	per 15 mins	\$ 22.55	\$ 22.55	7/1/2006
97124	Massage Thersapy	per 15 mins	\$ 20.23	\$ 20.23	7/1/2006
97140	Manual Therapy	per 15 mins	\$ 23.99	\$ 23.99	7/1/2006
97530	Therapeutic activities	per 15 mins	\$ 26.61	\$ 26.61	7/1/2006
97750	Physical performance test w/report 15 min	per 15 mins	\$ 26.31	\$ 26.31	7/1/2006
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	per 15 mins	\$ 25.94	\$ 22.96	1/1/2006
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	per 15 mins	\$ 23.37	\$ 15.75	1/1/2006

Attachment B

Revised 06/26/06

2005 - 2006 FINAL MEDICAID HCSPCS MH/DD/SA Service Rates for Specialty 113

SERVICE CODE (with modifier as applicable)	MH/DD/SA ENHANCED BENEFITS SERVICE DESCRIPTION	BILLING UNIT	RATE FOR SERVICE	EFFECTIVE DATE
H0001	Behavioral Health Assessment	15 minutes	\$ 22.00	7/1/2004
H0004	Behavioral Health Counseling and Therapy	15 minutes	\$ 22.00	7/1/2004
H0004 HQ	DMH Outpatient Treatment Group	15 minutes	\$ 8.11	7/1/2004
H0004 HR	DMH Outpatient Tx Family Therapy w/ Client	15 minutes	\$ 22.00	7/1/2004
H0004 HS	DMH Outpatient Tx Family Therapy w/o Client	15 minutes	\$ 22.00	7/1/2004
H0005	Alcohol and/or Drug Services; Group Counseling by Clinician	15 minutes	\$ 8.11	7/1/2004
H0010	Non-Hospital Medical Detoxification	per diem	\$ 325.88	6/1/2006
H0012 HB	Non-Medical Community Residential Treatment - Adult	per diem	\$ 145.50	3/20/2006
H0013	Medically Monitored Community Residential Treatment	per diem	\$ 265.25	3/20/2006
H0014	Ambulatory Detoxification	15 minutes	\$ 20.43	6/1/2006
H0015	Substance Abuse Intensive Outpatient Program	per diem	\$ 131.93	3/20/2006
H0019	Behavioral Health long term residential (HRI Level III - 4 Beds or Less)	per diem	\$ 252.38	4/3/2006
H0019	Behavioral Health long term residential (HRI Level III - 5 Beds or More)	per diem	\$ 205.64	4/3/2006
H0019	Behavioral Health long term residential (HRI Level IV)	per diem	\$ 342.15	4/3/2006
H0020	Alcohol and/or Drug Services; methadone administration	per event	\$ 19.17	7/1/2004
H0031	Mental Health Assessment	15 minutes	\$ 22.00	7/1/2004
H0035	DMH Partial Hospitalization per diem - Children/Adults	per diem	\$ 121.69	3/20/2006
H0036 HA	Community Support - Individual - Child	15 minutes	\$ 15.24	3/20/2006
H0036 HB	Community Support - Individual - Adult	15 minutes	\$ 15.24	3/20/2006
H0036 HQ	Community Support - Group	15 minutes	\$ 4.90	3/20/2006
H0040	Assertive Community Treatment Team (ACTT)	Event, maximum 4 per month	\$ 323.98	3/20/2006
H0046	Mental Health Services, Not Otherwise Specified (HRI Level I - Foster Care)	per diem	\$ 53.59	7/1/2004
H2011	Mobile Crisis Management (MH/SA)	15 minutes	\$ 31.79	3/20/2006
H2012 HA	Child and Adolescent Day Treatment	per hour	\$ 31.25	3/20/2006
H2015 HT	Community Support Team (MH/SA) (SCT)	15 minutes	\$ 16.52	3/20/2006
H2017	DMH Psychosocial Rehabilitation	15 minutes	\$ 2.34	3/20/2006
H2020	Therapeutic Behavioral Services (HRI Level II - Group Homes)	per diem	\$ 136.04	7/1/2004
H2022	Intensive In-Home Services	per diem	\$ 190.00	3/20/2006
H2033	Multi-systemic Therapy (MST)	15 minutes	\$ 23.54	3/20/2006
H2035	SA Comprehensive Outpatient Treatment Program	per hour	\$ 45.76	3/20/2006
S5145	Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care)	per diem	\$ 95.40	7/1/2004
S9484	Crisis Intervention (Facility Based Crisis)	per hour	\$ 18.78	3/20/2006
T1023	Diagnostic Assessment (MH/SA)	Event	\$ 169.06	3/20/2006
H2036	Medically Supervised or ADATC Detoxification/Crisis Stabilization	per diem		
	Per diem rate will be determined by individual provider			

Attachment C

Revised 04/12/06

State Services		
Code	Service Description	
YA125-YP820	These rates are negotiated by the Local Management Entities (LMEs). (This includes all codes which were formerly posted as Statewide Rates as well as Provider specific.)	
T1021	Developmental Therapy Service Professional (State Only)	Negotiated by the LME
T1021-HM	Developmental Therapy Service Para-Professional (State Only)	Negotiated by the LME
H2036	Medically Supervised or ADATC Detox	Negotiated by the LME
H2034	SA Halfway House (State Only)	Negotiated by the LME

Attachment D

Revised 04/12/06

Special Billing Instructions H0019 MH State Services				4/3/06 Rate
H0019	Behavioral Health - Long Tern Residential (HRI Level III - 4 Beds or Less)	/day	205.64*	
H0019	Behavioral Health - Long Tern Residential (HRI Level III - 5 Beds or More)	/day	205.64	
H0019	Behavioral Health - Long Tern Residential (HRI Level IV)	/day	205.64*	
<p>* - due to HIPAA constraints which require all of the above services be covered under a single code, and IPRS system limitations all of the above services are being set at the lowest rate as the default rate. Area Programs/LMEs are responsible for submitting provider-specific rate requests equal to the equivalent Medicaid service for Level III-4 beds or less (\$252.38) and Level IV (\$342.15)</p>				